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To: U.S. Patent and Trademark Office – **From:** Christian R. Andersen
Examiner: Perez-Gutierrez, R. Sr. Paralegal – Intellectual Property
Group Art Unit: 2686
Confirmation No. 8673

Fax: 703-872-9306

Pages
with 6
Cover:

FORMAL SUBMISSION OF:

- 1) Amendment Transmittal; and
- 2) Response to Restriction Requirement.

Title:	METHOD AND APPARATUS FOR NETWORK PLANNING
Serial No.	09/736,822
Filing Date:	December 14, 2000
First Named Inventor:	Pablo A. VICHARAELLI
Atty. No.	99-890

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the above-referenced documents are facsimile transmitted to the Patent and Trademark Office on the date shown below:


Christian R. Andersen

Date of Transmission: June 18, 2004

JUN 18 2004

OFFICIAL

Patent
Attorney's Docket No. 99-980

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Pablo A. Vicharelli et al.

Application No.: 09/736,822

Confirmation No.: 8673

Filed: December 14, 2000

Art Unit: 2686

For: METHOD AND APPARATUS
FOR NETWORK PLANNING

Examiner: Perez-Gutierrez, R.

AMENDMENT/REPLY TRANSMITTAL LETTER

Mail Stop AF
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 ☐ \$110.00 to cover the requisite Government fee are also enclosed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 ☐ \$770.00 fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted _____, on _____, for which continued examination is requested.
- ☐ A request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.

Amendment/Reply Transmittal Letter
Application Serial No. 09/736,822
Attorney's Docket No. 99-890
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- ☐ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. Of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims				x \$18.00 =	
Ind. Claims				x \$ 86.00 =	
If Amendment adds multiple dependent claims, add \$280.00					
Total Amendment Fee					
If Small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					


- ☐ A claim fee in the amount of \$_____ - is enclosed.
- ☐ Charge \$_____ to Deposit Account no. 07-2347.

To the extent necessary, a petition for an extension of time under 37 C.F.R. § 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 07-2347 and please credit any excess fees to such deposit account.

Amendment/Reply Transmittal Letter
Application Serial No. 09/736,822
Attorney's Docket No. 99-890
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The Commissioner is hereby authorized to charge any other appropriate fees that may be required by this paper that are not accounted for above, and to credit any overpayment, to Deposit Account No. 07-2347.

Respectfully submitted,

By: 
Joel Wall
Reg. No. 25,648

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Date: June 18, 2004